**SECTION I: *To initiate a Therapeutic Docket referral, the referring party must complete SECTION I and forward this form to the Therapeutic Docket Coordinator and the Commonwealth’s Attorney’s Office for the correct jurisdiction.***

Defendant Name:  DOB:  SSN: SID:

Race:  Gender:  Home Address:  Home Phone:

Cell Phone:  Other ways to Contact:  Currently incarcerated? Y or N:

Jurisdiction of current charge(s):  Arrest Date:  Charges including VCC Code(s):

Primary Case No:  Defense Attorney(s):  Referring Party:

Next Court Appearance Details:  Date referral submitted to CA:

**SECTION II: *To be completed by the Commonwealth’s Attorney’s Office. Then to be forwarded to the Therapeutic Docket Coordinator and returned to the Referring Party.***

Date Received:  Subject was found to be: [ ]  Eligible, [ ]  Ineligible, or [ ]  Vetoed prior to consideration for eligibility

 **Ineligible Reason Disapproval Reason**

**[ ]** Pending out-of-state felony charge. [ ]  Law Enforcement Concern

 [ ]  Instant offense is DUI or DUID. [ ]  Nature of current charge(s)

 [ ]  Prior conviction or adjudication for felony [ ]  Criminal History Details  violent offense (within 10 years of sentencing). [ ]  Other

 [ ]  Instant Offense certified to Grand Jury.

 [ ]  Terminated from Therapeutic Docket within past 12 months.

 [ ]  Other

Notes/Comments: **Initials**

**SECTION III: *To be completed by Therapeutic Docket Coordinator. Then to be forwarded to Region Ten Clinician.***

Date Referral Received:  Date of First Contact with subj:  Eval Date:

Subject was found to be: [ ]  Eligible [ ]  Ineligible. If Eligible, Date Referred for Eval by R-10:  If Ineligible, Reason:

Notes/Comments:

**SECTION IV: *To be completed by Region Ten. Then to be forwarded with a letter of recommendation to the Therapeutic Docket Coordinator.***

Eval Date:  Clinician:  **Meets** clinical criteria for participation: [ ]  **Does not meet** clinical criteria for participation [ ]

Notes/Comments:

**SECTION V: *To be completed by Therapeutic Docket Coordinator. Then forwarded to the Commonwealth’s Attorney.***

The subject is: [ ]  Recommended [ ]  Not Recommended for participation. Date reported to Commonwealth:

Region Ten Recommendation: Sent via Fax [ ]  Attached [ ]  Notes/Comments [ ]  MOST Results Attached [ ]

[ ]  Prior Participant: [ ] Graduated, [ ] Terminated. End Date of prior participation:

**SECTION VI: *To be completed by the Commonwealth’s Attorney.***

Final recommendation by the Commonweatlh’s Attorney: [ ]  Approved for Entry [ ]  Not Approved for Entry

 Initials

Notes/Comments:

If Approved for Entry: Entry Date: